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I	Candidate Information							Office	Use Only
	FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)								
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	☐ State		☐ County	/ of					
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111	Verification	1						***	
	I certify under per	nalty of perjury und	der the laws of the St	ate of Californi	a that the foregoir	ng is true and c	orrect.		
	Executed on				Ву				
		DAT	E	_	<u> </u>		SIGNATURE O	F CANDIDATE	
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Candidate Intention			Type or Print in Ink.				CANDIDATE INTENTION			
_	Check One:	☐ Initial	☐ Amendmer	nt	☐ Termina	tion		CALIFORNIA 1998 FORM 50		
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	☐ State		☐ County of							
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III	Verification									
	I certify under penalty	ol perjury under	the laws of the State of	California that the	he foregoing is	true and corre	ect.			
	Executed on			. Ву						
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PROP	MORE INFORMATION REC WISIONS OF THE POLITICA	NUMED TO BE PROVI NL REFORM ACT.	DED TO YOU PURSUANT TO	THE INFORMATION	PRACTICES AC	T OF 1977. SEE (FORMATIC		Form 501 (2/98)	
						Fo	r Techni		ce: 916/322-5660	
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	п	Amendment	Termination (Note:	In addition file a	Form 501 if w	nu are no long	or .	1998 FORM 502		
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FOR MORE INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SFE INFORMATION MANUAL A ON CAMPAIGN DISCLOSUBE PROVISIONS OF THE POLITICAL REFORM ACT. FPPC Form 502 (2/98) For Technical Assistance: 916/322-5660										

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orig mailed on 8/6/98

Candidate Inter		Type or Print in Ink.				INTENT	TION	
Check One:	Initial	☐ Amendment		Termination		CALIFORI 1998 FOR	_ 1	
FULL NAME OF CANDIDA ADDRESS (NO. 4)		Jane, Holly Di	r.	DAYTIME PHONE (209)367- FAX NUMBER	0377	Office U	Ise Only	
Office Sought OFFICE SOUGHT (POSITION MEMB PUBLIC AGENCY NAME CITY JURISDICTION OF ELECT State Multi-County	er, Ci	ty Cound		DISTRICT NUMBER TYPE OF ELE (Check One if	спон	f Applicable)	YEAR OF ELEC	
III Verification I certify under penalty Executed onOS FOR MORE INFORMATION REQUESTIONS OF THE POLITICAL	DATE UIRED TO BE PROVIDE	e laws of the State of C	B / (MACTICES ACT CHIEFT, SE	SIGNATURE OF	ON MANUAL A ON C	Form 501	(2/98)

oug. mailed on 8/3/98